Office of Pharmacy Services
Medicaid Pharmacy Program
Drug Utilization Review (DUR) Board
Thursday, March 4, 2021
Meeting Minutes

DUR Board Members: K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, N. McGarvey, M. McPherson, J. O'Leary, C. Onyewu, S. Papesh, B. Shaw
Office of Pharmacy Services (OPS): A. Alexandrou, P. Holly, M. Joglekar, L. Karanja, A. Kim, K. Rogers, D. Shah
Provider Synergies: H. Peltier
Conduent State Healthcare: T. Lyons, C. Ogunremi
Health Information Designs, LLC (HID): R. Boyer, N. Osei-Boateng
Owl Creek Consulting: L. Adelhardt

The Maryland Medicaid Drug Utilization Review (DUR) Board virtual meeting was called to order at 9:20 a.m. on Thursday, March 4, 2021, by the Chair of the Board.

Introductions

The virtual meeting format and participation instructions were presented. A roll call of DUR Board members, affiliated staff, and presenters in attendance was taken.

Minutes

The minutes from the December 3, 2020, DUR Board meeting were approved as presented.

Office of Pharmacy Services

The Department strongly anticipates a full turnaround to the COVID-19 pandemic, particularly with the enormous amount of dedication and hard work of frontline health care professionals, social distancing practices, adherence to precautionary measures, and now, a third vaccine entry to the market. The Program extends their sincere gratitude and appreciation to health care professionals, and expresses deepest sympathies to all those who have suffered a loss due to this pandemic.

The Office of Pharmacy Services (OPS) Program has implemented decisive measures to address the pandemic. Most recently, the Program issued modified guidance on COVID-19 Vaccine Administration. The Board was encouraged to visit the Provider Advisories section of the Medicaid Pharmacy Program's website at https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx for

additional details on measures dedicated to providers and participants. New additions to the Program were welcomed, including Dr. Iuliana Frank, Program Physician, and Dr. Yunus Thakur, PA Supervisor.

The following board members were recognized for their service and congratulated on their reappointment on the Drug Utilization Review Board, and Corrective Managed Care Advisory Committee: Dr. Joseph O'Leary, Physician, Child and Adolescent Psychiatrist, Dr. Karin Dodge, Physician, Internal Medicine, Dr. Mary Lynn McPherson, Pharmacist, Professor and Vice-Chair of the University of Maryland School of Pharmacy, Dr. Mary McDonald, Physician, Palliative Care and Hospice Care, Dr. Chukwuma Onyewu, Physician, Choice Pain, and Rehabilitation Center, LLC., Dr. Billina Shaw, Physician, Prince George's County Health, Dr. Monica Healy, Pharmacist, Long Term Care, Dr. Brian Hose, Pharmacist, Independent Pharmacy Owner, and Dr. Sara Papesh, Pharmacist, Community Pharmacy.

Since the implementation of the Unified Corrective Managed Care Lock-in Program, the Department actively monitors the questionable usage of controlled substances by enrollees under the State plan. The effort is working as anticipated and facilitating the improvement of appropriate practices. As of February 5, 2021, a total of 458 participants are locked in with 395 providers, of which only 26 participants are in the Fee-for-Service (FFS) program. This represents a reduction of a little over 2% (11 participants) as compared to the number reported at the December 2020 meeting. The Department's goal always has been the well-being of members and providing utmost cost-effective care to all the participants in a timely manner.

The Centers for Medicare and Medicaid Services (CMS) published a Final Rule on 12/31/2020 with multiple minimum standards in Medicaid DUR. This requires the State Medicaid Programs to establish safety edit limitations on the days' supply for an initial prescription opioid fill for beneficiaries who have not filled an opioid within a defined time period. The Final Rule also requires that comprehensive dose optimization requirements are in place to avoid unnecessary use of opioids and minimize pill burden, which includes consolidating the quantity dispensed to the smallest amount required to achieve the desired daily dose. Further updates on implementation will be provided as they become available.

The OPS provides live continuing medical education (CME) to interested prescribers and continuing education (CE) to interested pharmacists every year at no cost. A four-hour live CME/CE program, "COVID-19 – Prevention to Protection" was held on Feb. 27, 2021. The Board was encouraged to visit www.mmppi.com for additional details and to stay tuned for future live CME/CE offerings.

Conduent State Healthcare, LLC

Conduent presented a summary of therapeutic duplication alerts for the use of benzodiazepine and clonazepam, a summary of Preferred Drug List (PDL) prior authorization requests, and a summary of prospective drug utilization review (ProDUR) edits for the fourth quarter of 2020.

Summary of Therapeutic Duplication Alerts

Regarding therapeutic duplication of benzodiazepines and clonazepam, Conduent reported that 87%

of these alerts were overridden at the point of sale by the pharmacy provider during the fourth quarter of 2020, which is consistent with last quarter.

Summary of PDL Prior Authorization Requests

During the fourth quarter, 2,069 new PDL prior authorization (PA) approvals were authorized. The number is a 16% increase than the previous quarter, due to the lifting of restrictions during the pandemic. The top ten therapeutic categories accounted for 94% of the new PDL PAs. Antipsychotics had the highest number of requests again this quarter. The number of requests increased by 16% compared to the third quarter of 2020. A full listing of all PDL PA requests for the fourth quarter of 2020 was presented to the Board.

Summary of Prospective Drug Utilization (ProDUR) Edits

Claims information was presented for the fourth quarter of 2020. Regarding therapeutic duplications, antidepressants represented the highest of all alerts (42%). For early refills, antidepressants (55%) continued at the top of all alerts, with 87% of alerts accounting for the top three drugs. Most drug-drug interaction alerts (47%) involved antidepressants, taking over antipsychotics. A summary by DUR conflict, intervention, and outcome was reported. Cost avoidance estimates were presented. The Call Center experienced a decrease in faxes and calls since last quarter. Abandoned calls are under 2%.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the December 2020 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the fourth quarter of 2020, and future RDUR interventions for the Maryland Medicaid FFS population.

Review of Action Items

Outcomes of RDUR interventions for the fourth quarter of 2020 were presented**.** The intervention outcomes process is initiated during the profile review by a clinical pharmacist. Participants who are identified as having a therapeutic issue are flagged and educational intervention letters are sent to both prescribers and pharmacy providers. The identified participants are reassessed after a six-month suppression period to determine if there has been a change in prescribing behaviors for the identified therapeutic issue.

For the intervention that identifies therapeutic duplication of sedative/hypnotic agents, all participants in the intervention group were no longer receiving duplicate therapy. The participant numbers continue to decline, reflecting the effectiveness of the intervention. It was recommended that the intervention continue monthly with results reported as they become available.

There was one profile identified this quarter for the intervention addressing concurrent use of an opioid, benzodiazepine, and carisoprodol, and with the intervention, it no longer qualifies. This intervention will continue to be completed monthly and results will be reported as available.

For concurrent use of gabapentin and pregabalin, an 76% reduction in concurrent therapy was noted, similar to the last quarter. This is a strong and effective educational effort and is recommended to continue on a quarterly basis.

Results of the intervention addressing opioid and medium-high dose gabapentin use showed a 33% reduction in continuation of concurrent therapy, which is similar to the previous intervention. It was recommended that the intervention continue to educate about the additive risk regarding adverse drug effects with the use of a medium-high dose of gabapentin (>900mg) and any opioid.

Summary of Active Interventions

Active, ongoing interventions for the fourth quarter of 2020 include: 1) duplicate sedative use (monthly), 2) concurrent use of an opioid, benzodiazepine, and carisoprodol (monthly), 3) concurrent use of gabapentin and pregabalin (quarterly), 4) opioid and med-high dose gabapentin (quarterly), 5) overutilization of gabapentin, and 6) low dose quetiapine utilization. Intervention outcomes for all active interventions will continue to be shared at quarterly meetings as results become available.

Retrospective DUR Quarterly Summary

During the fourth quarter of 2020, educational intervention letters were sent to prescribers and pharmacy providers for 1) duplicate sedative use, 2) opioid, benzodiazepine and carisoprodol use, 3) low dose quetiapine utilization, 4) opioid and medium-high dose gabapentin use, and 5) concurrent gabapentin and pregabalin utilization. It was noted that fourth quarter responses are traditionally lower, with delays in postal service due to the pandemic also a factor.

The intervention for duplicative sedative use saw a total of 61 participants flagged for intervention and 154 intervention letters mailed, with an average response rate of 12% (prescribers) and 17% (pharmacies). The top responses were “Patient has appointment to discuss drug therapy problem” and “Pharmacist will counsel patient at next visit”.

Two participants were flagged for opioid, benzodiazepine, and carisoprodol use. Five intervention letters were mailed with one pharmacy response received. The pharmacy response was “No change recommended/Pharmacist disagrees”. Further investigation revealed the participant identified no longer received triple therapy.

The intervention for low dose quetiapine utilization saw 219 participants selected for intervention and 453 intervention letters mailed, with a response rate of 5% (prescribers) and 21% (pharmacies). The top response was “Patient has appointment to discuss drug therapy” and “Pharmacist will counsel patient at next visit”.

For the intervention for concurrent use of opioid and med-high dose gabapentin, a total of 105 participants were selected for intervention and 357 letters were mailed, with a response rate of 14% (prescribers) and 22% (pharmacies). The top responses were “Provider did not prescribe drug

attributed to him/her" and "Pharmacist will counsel patient at next visit". Follow up occurred for all provider responses indicating "Provider did not prescribe drug attributed to him/her" and no fraudulent activity was identified.

A total of 101 participants were flagged for concurrent use of gabapentin and pregabalin, and 284 intervention letters were mailed, with a response rate of 15% (prescribers) and 27% (pharmacies). The top response was "Prescriber discontinued medications" and "Spoke to prescriber, expect modification in therapy".

Future Retrospective DUR Intervention

The following new criteria were recommended for monthly monitoring under clinical criteria maintenance:

- *Cosentyx® (secukinumab) - Overutilization, Underutilization*
- *Xcopri® (cenobamate) - Overutilization, Underutilization*
- *Elyxyb™ (celecoxib oral solution) - Overutilization, Therapeutic Appropriateness*
- *Breztri™ Aerosphere (budesonide/glycopyrrolate/formoterol) - Overutilization, Underutilization, Drug-Drug Interaction*

The DUR Board discussed adding the new criteria. The motion was made to conduct all those criteria recommended and the motion passed.

The Board discussed drug use trends and possibilities for future interventions. The Department will review recommendations, including calcitonin gene-related peptide receptor (CGRP) antagonist agents utilization, methadone utilization for chronic pain and amphetamine dosing limits, and report at the June meeting.

Other Business

For the next term of DUR Board membership, openings will be available for one pharmacist and two physicians. Recommendations of potential members should be sent to Dr. Boyer.

HID reported on the "COVID-19: Prevention to Protection" continuing education live event held on Saturday, February 27, 2021. Presenters were Dr. Eleanor Wilson and Dr. Meagan Deming with the Institute of Human Virology, who discussed disease risk factors, treatments and therapeutics, and Dr. David Blythe, Director, Infectious Disease Epidemiology and Outbreak Response Bureau, who provided an update specific to Maryland and the Maryland Department of Health's response to COVID-19. Over 200 healthcare providers attended the four-hour program. Information on the event is maintained at www.mmppi.com where the seminar handbook, a list of questions and answers from the seminar, and a recording of the event, will be posted. HID thanked the Board for their participation and help in promoting the event. Potential topics for the next CE event in 2021 should be forwarded to Dr. Boyer.

The annual meeting of the American Drug Utilization Review Society (ADURS) was held virtually February 25-26and brought together state Medicaid representatives, pharmaceutical representatives,

and other health professionals. Topics ranged from a preview of pipeline medications, the changing face of prescription diversion, review of new drugs, and the latest on the SUPPORT Act and reporting requirements.

Attendees were thanked for their service to the State of Maryland and the Maryland Department of Health.

The next meeting of the DUR Board will be June 3, 2021, at 9:15 a.m. Additional meeting dates provided for the year were September 2, 2021, and December 2, 2021. There being no additional business, the meeting was adjourned at 10:46 a.m.